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CONFIRMATION NO. 6917

|  |   |                                  |   |   |
|--|---|----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/601,152   | <b>FILING OR 371(c) DATE</b><br>06/20/2003<br><b>RULE</b>   | <b>CLASS</b><br>375              | <b>GROUP ART UNIT</b><br>2611   | <b>ATTORNEY DOCKET NO.</b><br>DP-309714 |
| <b>APPLICANTS</b><br>Jerral A. Long, Kokomo, INDIA;<br>J. Robert Dockemeyer JR., Kokomo, INDIA;<br>Glenn A. Walker, Greentown, INDIA;  |   |                                  |   |   |
| <b>** CONTINUING DATA *****</b> <div style="float: right;">none ↗</div>  |   |                                  |   |   |
| <b>** FOREIGN APPLICATIONS *****</b> <div style="float: right;">none ↗</div>   |   |                                  |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 09/24/2003</b>   |   |                                  |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>INDIA | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>18               |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>2   |   |   |
| <b>ADDRESS</b><br>22851  |   |                                  |   |   |
| <b>TITLE</b><br>RF receiver and method for region specific data selection  |   |                                  |   |   |
| <b>FILING FEE RECEIVED</b><br>750  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |